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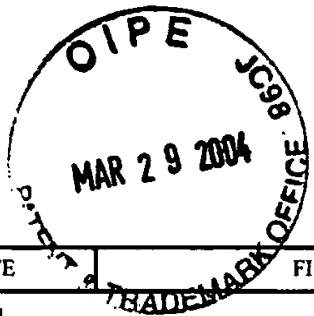
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01/15/2004

Bacon & Thomas
4th Floor
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J. Ernest Kenney, Esq.



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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/786,195	04/27/2001	Heinz Hornung	JEK/HORNUNG	5232

TITLE OF INVENTION: METHOD AND DEVICE FOR CONTROLLING PAPER DOCUMENTS OF VALUE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	04/15/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
GABOR, OTILIA	2878	250-341100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

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Giesecke & Devrient GmbH

Germany

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee
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(Authorized Signature)

(Date)

Justin J. Cassell, Reg. No. 46,205

3/29/04

03/31/2004 WASFAW2 00000206 09786195

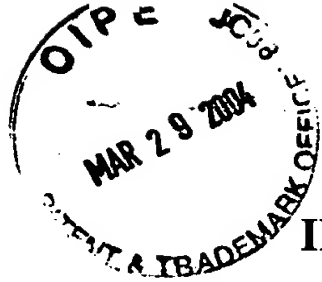
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TRANSMIT THIS FORM WITH FEE(S)



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: **HEINZ HORNUNG**

SERIAL No.: 09/786,195

FILED: April 27, 2001

FOR: METHOD AND DEVICE FOR CONTROLLING
PAPER DOCUMENTS OF VALUE

GROUP ART UNIT: 2878

EXAMINER: Otilia GABOR

ATTY. REFERENCE: HORN3049/JEK/JJC

Confirmation No.: 5232

Customer No.: 23364

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Sir:

The below identified communication(s) or document(s) is(are) submitted in the above application or proceeding:

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| <input type="checkbox"/> Priority Document | <input checked="" type="checkbox"/> Check in the Amount of <u>\$1,342.00</u> (Issue Fee |
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☒ Please debit or credit **Deposit Account Number 02-0200** for any deficiency or surplus in connection with this communication. A duplicate copy of this sheet is provided for use by the Deposit Account Branch.

☐ Small Entity Status is claimed.

☐

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ALEXANDRIA, VIRGINIA 22314
(703) 683-0500

DATE: March 29, 2004

Respectfully submitted,

JUSTIN J. CASSELL

Attorney for Applicant

Registration Number: 46,205